

Exhibit C

SIDE 1

J = Justified
CJ = Conditionally Justified
I = Indeterminate
**AC = Additional Circumstances/
 Factors boxes on side 2**

Justified

- Any J box on side 1
- Any CJ box on side 1 with AC box on side 2

Unjustified

- No CJ or J box on side 1
- AC box only on side 2

Indeterminate

- Any 1 CJ or combination of CJ boxes on side 1 with no AC box on side 2
- "I" box only on side 1 and no AC box on side 2

(COMPLETE ALL CAPTIONS)

STOP, QUESTION AND FRISK REPORT WORKSHEET PD344-151A (Rev. 11-02)		Pct. Serial No.	
		Date	Pct. Of Occ.
Time Of Stop	Period Of Observation Prior To Stop	Radio Run/Sprint #	
Address/Intersection Or Cross Streets Of Stop			
<input type="checkbox"/> Inside	<input type="checkbox"/> Transit	Type Of Location	
<input type="checkbox"/> Outside	<input type="checkbox"/> Housing	Describe:	
Specify Which Felony/P.L. Misdemeanor Suspected			Duration Of Stop

What Were Circumstances Which Led To Stop?
 (MUST CHECK AT LEAST ONE BOX)

<p><input type="checkbox"/> Carrying Objects In Plain View Used In Commission Of Crime e.g., Slim Jim/Pry Bar, etc.</p> <p><input type="checkbox"/> Fits Description.</p> <p><input type="checkbox"/> Actions Indicative Of "Casing" Victim Or Location.</p> <p><input type="checkbox"/> Actions Indicative Of Acting As A Lookout.</p> <p><input type="checkbox"/> Suspicious Bulge/Object (Describe)</p> <p><input type="checkbox"/> Other Reasonable Suspicion Of Criminal Activity (Specify)</p>	<p><input type="checkbox"/> Actions Indicative Of Engaging In Drug Transaction. — J ("Drugs")</p> <p><input type="checkbox"/> Furtive Movements. — CJ ("Furtive")</p> <p><input type="checkbox"/> Actions Indicative Of Engaging In Violent Crimes. — J ("Violent")</p> <p><input type="checkbox"/> Wearing Clothes/Disguises Commonly Used In Commission Of Crime. — CJ ("Clothing")</p>
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Name Of Person Stopped	Nickname/ Street Name	Date Of Birth
Address		Apt. No. Tel. No.
Identification: <input type="checkbox"/> Verbal <input type="checkbox"/> Photo I.D. <input type="checkbox"/> Refused		
<input type="checkbox"/> Other (Specify)		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> White Hispanic <input type="checkbox"/> Black Hispanic	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native
Age	Height	Weight
	Hair	Eyes
		Build
Other (Scars, Tattoos, Etc.)		
Did Officer Explain Reason For Stop	If No, Explain:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Were Other Persons Stopped/ Questioned/Frisked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Pct. Serial Nos.
If Physical Force Was Used, Indicate Type:		
<input type="checkbox"/> Hands On Suspect	<input type="checkbox"/> Drawing Firearm	
<input type="checkbox"/> Suspect On Ground	<input type="checkbox"/> Baton	
<input type="checkbox"/> Pointing Firearm At Suspect	<input type="checkbox"/> Pepper Spray	
<input type="checkbox"/> Handcuffing Suspect	<input type="checkbox"/> Other (Describe)	
<input type="checkbox"/> Suspect Against Wall/Car		
Was Suspect Arrested?	Offense	Arrest No.
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Was Summons Issued?	Offense	Summons No.
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Officer In Uniform?	If No, How Identified? <input type="checkbox"/> Shield <input type="checkbox"/> I.D. Card	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Verbal	

CJ ("Objects")

CJ ("Description")

J ("Casing")

CJ ("Lookout")

CJ ("Bulge")

I ("Other")

SIDE 2

Was Person Frisked? Yes No **IF YES, MUST CHECK AT LEAST ONE BOX**

<input type="checkbox"/> Inappropriate Attire - Possibly Concealing Weapon	<input type="checkbox"/> Furtive Movements	<input type="checkbox"/> Refusal To Comply With Officer's Direction(s) Leading To Reasonable Fear For Safety
<input type="checkbox"/> Verbal Threats Of Violence By Suspect	<input type="checkbox"/> Actions Indicative Of Engaging In Violent Crimes	<input type="checkbox"/> Violent Crime Suspected
<input type="checkbox"/> Knowledge Of Suspects Prior Criminal Violent Behavior/Use Of Force/Use Of Weapon		<input type="checkbox"/> Suspicious Bulge/Object (Describe)
<input type="checkbox"/> Other Reasonable Suspicion of Weapons (Specify)		

Was Person Searched? Yes No **IF YES, MUST CHECK AT LEAST ONE BOX** Hard Object Admission Of Weapons Possession

Outline Of Weapon Other Reasonable Suspicion of Weapons (Specify)

Was Weapon Found? Yes No **If Yes, Describe:** Pistol/Revolver Rifle/Shotgun Assault Weapon Knife/Cutting Instrument

Machine Gun Other (Describe)

Was Other Contraband Found? Yes No **If Yes, Describe Contraband And Location** _____

Demeanor Of Person After Being Stopped _____

Remarks Made By Person Stopped _____

AC/AF

Additional Circumstances/Factors: (Check All That Apply)

- | | |
|---|---|
| <input type="checkbox"/> Report From Victim/Witness
<input type="checkbox"/> Area Has High Incidence Of Reported Offense Of Type Under Investigation
<input type="checkbox"/> Time Of Day, Day Of Week, Season Corresponding To Reports Of Criminal Activity
<input type="checkbox"/> Suspect Is Associating With Persons Known For Their Criminal Activity
<input type="checkbox"/> Proximity To Crime Location
<input type="checkbox"/> Other (Describe) | <input type="checkbox"/> Evasive, False Or Inconsistent Response To Officer's Questions
<input type="checkbox"/> Changing Direction At Sight Of Officer/Flight
<input type="checkbox"/> Ongoing Investigations, e.g., Robbery Pattern
<input type="checkbox"/> Sights And Sounds Of Criminal Activity, e.g., Bloodstains, Ringing Alarms |
|---|---|

Pct. Serial No. _____ Additional Reports Prepared: Complaint Rpt.No. _____ Juvenile Rpt. No. _____ Aided Rpt. No. _____ Other Rpt. (Specify) _____

REPORTED BY: Rank, Name (Last, First, M.I.)
 Print _____ Tax# _____
 Signature _____ Command _____

REVIEWED BY: Rank, Name (Last, First, M.I.)
 Print _____ Tax# _____
 Signature _____ Command _____